

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-676)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	INO.	DEP.	INO.	DEP.	INO.	DEP.
1	1					
2		1				
3		1				
4		1				
6		1				
6		1				
7		1				
8		1				
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48						
49						
60						
TOTAL INO.	3					
TOTAL DEP.	17					
TOTAL	20					

	INO.	DEP.	INO.	DEP.	INO.	DEP.
61						
62						
63						
64						
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